



COPY OF PAPERS
ORIGINALLY FILED

Attorney Docket No.: 01CON207P
Application Serial No.: 10/004,655

3/A
RS

6-6-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Johnston, et al.	Group Art Unit: Not Assigned
Application Serial No.: 10/004,655	Examiner: Not Assigned
Filed: December 4, 2001	
Title: Data Compression Over Packet Networks	

RECEIVED
MAY 28 2002
Technology Center 2600

PRELIMINARY AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Madam/Sir:

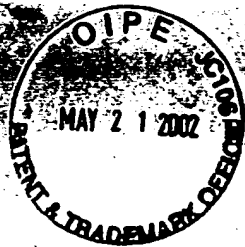
Please enter the following amendments in the above-captioned application.

In the Claims:

Please add new claims 38-49 as follows:

05/23/2002 ZJUHR1 00000056 501867 10004655

01 FC:102 168.00 CH
02 FC:103 216.00 CH



PRELIMINARY AMENDMENT COVER SHEET

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DOCKET NO. 01CON207P

IN RE APPLICATION OF: Johnston, et al.

SERIAL NO.: 10/004,655 FILED: December 4, 2001

FOR: Data Compression Over Packet Networks

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

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Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	380.00	190.00	\$
THIRD MONTH AFTER TIME PERIOD SET	870.00	435.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,360.00	680.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	49	37	12	x 18	x 9	\$216
INDEPENDENT	7	5	2	x 84	x 42	\$168
First presentation of multiple dependent claim				+ 260	+ 130	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 384.00

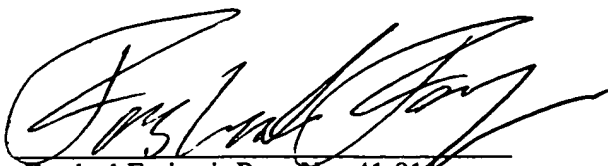
* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.


- ☐ Enclosed is a check for the fee of \$ 0.00
- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date: 5/7/02

By: 
Farshad Farjami, Reg. No. 41,014

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on: 05/07/02


Signature
Ali Shalchi
Typed or Printed Name of Person Mailing Paper and/or Fee

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